Conflict of Interest

ELECTED OFFICIAL
Statement of Financial Interest

SUBMITTED
JAN 12 2021
S.D. SEC. OF STATE

Deadline to file: Within **15 days** after the person assumes office.

File with: The **SECRETARY OF STATE** except **local candidates** file with the office where they file their oath of office.

Elected Officials who file: **State Office** elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice SDCL 3-1A-2);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation SDCL 3-1A-3.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 3-1A-4)

Please print:

Full Name James Warren Bolin

Complete Address 403 W. 11th Street Canton, S.Dak. 57013

Office *(list District number if applicable)* State Legislator - District #16

What is your occupation/profession? Retired-Legislator - Sub. Teacher - Odd Jobs -

****If there are no changes from your previously filed CANDIDATE Financial Interest Statement check the box and sign and date below.** ☐ **NO Changes**

List any source of funds (business or economic relationship) which contributes **more than 10%** of or **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A-1)

**The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.*

Name of Candidate or Family Member	**Name the Source of Funds** (Ex: current employer, SD Legislature, 401K, benefits, etc.)	**Relationship to funds** (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Jim Bolin	S.D.R.S.	Retired Teacher
Jim Bolin	Social Security	Retiree - Past Age 65
Jim Bolin ~~Alcester Schools~~	Alcester Schools	Substitute Teacher
Ruth Bolin	Social Security -	Retiree - Past Age 65

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

J. Bolin
(Signature)

Jan. 13, 2021
(Date)

Filed this 12th day of January 2021

Steve Barnett
SECRETARY OF STATE

Jim Bolin - State of S. Dak. Legislative Salary -

Jim Bolin - D. T. Enterprises Employee - (Temporary)

Ruth Bolin - S.D.R.S. - Retired Public Employee

Ruth Bolin - United Airlines - Employee